



## Virginia Department of Medical Assistance Services Health Insurance Premium Programs (HIPP)

The department offers 2 premium assistance programs for Medicaid members enrolled in a qualified sponsored group health plan or COBRA.

|   |  |                       |                   |                           |                           |                           |                           |
|---|--|-----------------------|-------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| <p><b>HIPP</b>-is a premium assistance program that may be available to people with Medicaid that helps pay <u>part or all</u> of their health insurance premiums. These individuals are not allowed to participate in cost sharing.</p>  | <p><b>HIPP For Kids</b>-is a premium assistance program that may be available to children under the age of 19 years of age who are also eligible for Medicaid that pays their <u>entire</u> health insurance premium. Cost sharing may apply to non-covered copayment, deductibles and other expenses not covered by the primary insurer.</p>  |                       |                   |                           |                           |                           |                           |
| <p><b>What makes me eligible for HIPP?</b></p> <ol style="list-style-type: none"> <li>1. A household member has to have Medicaid full coverage</li> <li>2. Must have/be able to get insurance through your employer and or COBRA</li> <li>3. Health insurance must meet program criteria, including cost effectiveness</li> </ol>   | <p><b>What makes me eligible for HIPP For Kids?</b></p> <ol style="list-style-type: none"> <li>1. A household member must be eligible for Medicaid and be less than 19 years old</li> <li>2. Must have/be able to get insurance through your employer</li> <li>3. Health insurance must meet program criteria</li> </ol>   |                       |                   |                           |                           |                           |                           |
| <p><b>Cost Effectiveness Criteria</b>- means that it costs the Medicaid Program less to pay for your health insurance costs than to directly pay for all medical costs; this is done by comparing the average cost for your Medicaid eligible family member to the cost of your health insurance premiums</p>   | <p><b>Health Insurance Criteria</b>-the insurance must provide comprehensive medical coverage and your employer must pay at least 40% of the total cost of the health insurance premium</p>  |                       |                   |                           |                           |                           |                           |
| <p><b>HIPP does not provide Premium Assistance for:</b> indemnity plans, plans paying limited amounts for services; plans limited to temporary periods; plans that are not comprehensive; and high deductible health plans with deductibles in excess of the Department of Treasury standards; and family plans when there are 3 or more members on the health plan who are not Medicaid eligible (i.e. full coverage Medicaid) Individuals who have Medicare Parts A and or B.</p>   | <p><b>HIPP For Kids does not provide Premium Assistance for:</b> plans that are not eligible for premium assistance include indemnity plans, plans paying limited amounts for services; plans limited to temporary periods; plans that are not comprehensive; and high deductible plans health plans with deductibles in excess of the Department of Treasury standards; and non-medical insurance, such as vision or dental plans</p> |                       |                   |                           |                           |                           |                           |
| <p><b>Calendar Year Deductible(HDHP):</b></p> <p><b>2016</b></p> <p><b>2017</b></p>   | <table> <tr> <td><b>Per Individual</b></td><td><b>Per family</b></td></tr> <tr> <td><b>\$1,300 or greater</b></td><td><b>\$2,600 or greater</b></td></tr> <tr> <td><b>\$1,300 or greater</b></td><td><b>\$2,600 or greater</b></td></tr> </table>  | <b>Per Individual</b> | <b>Per family</b> | <b>\$1,300 or greater</b> | <b>\$2,600 or greater</b> | <b>\$1,300 or greater</b> | <b>\$2,600 or greater</b> |
| <b>Per Individual</b>   | <b>Per family</b>  |                       |                   |                           |                           |                           |                           |
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| <b>\$1,300 or greater</b>   | <b>\$2,600 or greater</b>  |                       |                   |                           |                           |                           |                           |
| <p>To contact DMAS for information regarding these programs or to submit an application you may send an email to <a href="mailto:HIPPcustomerservice@dmass.virginia.gov">HIPPcustomerservice@dmass.virginia.gov</a> , send a Fax to the HIPP Unit at (804) 452-5447 or by sending a letter to:</p> <p style="text-align: center;"><b>Department of Medical Assistance Services</b><br/> <b>Health Insurance Premium Payment Programs Unit</b><br/> <b>600 E. Broad Street, 12<sup>th</sup> Floor</b><br/> <b>Richmond, VA 23219</b><br/> (804) 225-4236 / (800) 432-5924 (in Virginia)</p> <p>Application forms and additional information is available on the web at:<br/> <a href="http://dmassva.dmass.virginia.gov/Content_pgs/rcp-hipp.aspx">http://dmassva.dmass.virginia.gov/Content_pgs/rcp-hipp.aspx</a></p> |  |                       |                   |                           |                           |                           |                           |